POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*Mr*	6784	6/8/00
O.I.P.E. CLASSIFIER		21	6/14/00
FORMALITY REVIEW	DM	72223	8/17/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected	N	....	Non-elected
=	.... Allowed	I	....	Interference
—	(Through numeral)... Canceled	A	....	Appeal
÷	.... Restricted	O	....	Objected

Claim			Date													Claim		Date													Claim		Date												
Final	Original	1/7/04	3/4/04													Final	Original															Final	Original													
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2	÷	÷	✔													52																102														
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If more than 150 claims or 10 actions
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